

	Louisiana Department of Revenue
	Tax Information Authorization

For LDR Use Only	
Received by	
Name	
Telephone	()
Division	
Date	

1 Taxpayer information. Taxpayer(s) must sign and date this form on Line 7.

Taxpayer name(s) and address (Please type or print.)		Social Security Number(s)	Louisiana Revenue Account Number or Federal Employer Identification Number
Name			
Street			
City	State	ZIP	Daytime telephone number ()

2 Appointee. If you want to name more than one appointee, attach a list to this form.

Name	Telephone number
Street	Fax number
City	E-mail address
State	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> E-mail address <input type="checkbox"/>
ZIP	

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the Louisiana Department of Revenue for the tax matters listed on this line.

(a) Type of Tax (Income, Corporation Income & Franchise, Sales & Use, etc.) or Penalty	(b) Tax Form Number	(c) Year(s) or Period(s)	(d) Specific Tax Matters (lien information, balance due amount, or tax liability)

4 Specific use not recorded on the Power of Attorney Form (Short R-7005/ Long R-7006). If the tax information authorization is for a specific use not recorded on the Power of Attorney, mark this box. If you marked this box, skip Lines 5 and 6. . . . ☐**5 Disclosure of tax information** (you **must** mark a box on Line 5A or 5B unless the box on Line 4 is marked):

A. If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, mark this box. . . . ☐

B. If you do not want any copies of notices or communications sent to your appointee, mark this box. . . . ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorization for the same tax matters you listed on Line 3 above unless you marked the box on Line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** mark this box. . . . ☐**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, **both** husband and wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on Line 3 above.

➤ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature _____ Date _____

Signature _____ Date _____

Print Name _____

Print Name _____

Title _____

Title _____

